



City of Lincoln

Bureau of Fire Prevention
Underground Storage Tank Division
555 South 10th Street—Room 203
Lincoln, NE 68508 -- (402) 441-7791

Application for Permit to Install Underground Storage Tanks (Petroleum or Hazardous Substances)

Today's Date: _____ Proposed Installation Date: _____

1. Owner Information			2. Installation Site Information		
Owner/Operator			Site Name		
Mailing Address			Street Address (or directions, if rural)		
City	State	Zip Code	City	Zip Code	County
Telephone # () -			Telephone # () -		

What is being installed: ☐ New Tank(s) ☐ New Piping ☐ Replacement of 50% or more of Piping

If Piping only, indicate Tank ID #s associated with piping: _____
If New Tanks, complete all Sections. If Piping only, omit Section 7 except for backfill information.

3. Tank Registration	4. Type of Facility
<p>Did facility previously have underground storage tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are tanks registered with the State Fire Marshal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate facility ID # _____ If tanks are not registered, contact State Fire Marshal immediately.</p>	<p>Indicate the type of facility:</p> <p><input type="checkbox"/> Marketing (including Bulk Plants)</p> <p><input type="checkbox"/> Non-Marketing</p> <p><input type="checkbox"/> Government</p>

5. Licensed Installation Contractor			6. Certified Individual	
Company Name		License #	Individual Name	
Street Address		Expiration Date	Certification #	Expiration Date
City	State	Telephone # () -	Telephone # () -	

7. Tank Information							
Tank Number		#001	#002	#003	#004	#005	#006
Tank Type (Federally Regulated or Heating Oil)		<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO	<input type="checkbox"/> Fed <input type="checkbox"/> HO
Tank Capacity (Gallons)							
Substance Stored in Tank UL, Pr, E-10, E-85, E-95, #1D, #2D, #1HO, #2HO, K, WO, NO, DD (Dyed Diesel – i.e., #2 DD) Other (Specify)							
Specify Brand:	Steel with Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jacketed						
	Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Composite (ACT 100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check appropriate boxes:	Other						
Is the Tank New or Used? (Specify) <i>Note: Used tanks must be recertified by the manufacturer and a letter of recertification for all used tanks must accompany this permit application.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the tank be used for Dispenser or Bulk Storage?		<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk	<input type="checkbox"/> Disp <input type="checkbox"/> Bulk
Is the tank connected to a stationary combustion engine (such as a generator, water pump, etc.?)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installation Method	<input type="checkbox"/> PEI RP 100 <input type="checkbox"/> API 1615 <input type="checkbox"/> Manufacturer's Instructions Specify _____ Other _____			Anchoring Method		<input type="checkbox"/> Deadmen <input type="checkbox"/> Overburden <input type="checkbox"/> Both <input type="checkbox"/> None	
Backfill	Backfill Material (specify grade) _____ (If FRP, attach current sieve analysis) Will an Alternate Backfill Method be used? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach Alternate Backfill approval letter)						
Secondary Containment	<input type="checkbox"/> None <input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other _____						
Release Detection: Tanks	Brand/Model/Test Method				Brand/Model/Test Method		
<input type="checkbox"/> Ground Water Monitoring		<input type="checkbox"/> Automatic Tank Gauging					
<input type="checkbox"/> Interstitial Monitoring		<input type="checkbox"/> Manual Tank Gauging					
<input type="checkbox"/> Tightness Testing – Daily Inventory Control		<input type="checkbox"/> Other (SIR)					
<input type="checkbox"/> Soil Vapor Monitoring							

Corrosion Protection: Tanks	
Internal	External
<input type="checkbox"/> Internal Lining	<input type="checkbox"/> Impressed Current Cathodic Protection
<input type="checkbox"/> None	<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection
<input type="checkbox"/> Unknown	<input type="checkbox"/> Fiberglass/Epoxy Resin Clad
	<input type="checkbox"/> None
	<input type="checkbox"/> Other (specify) _____
Spill Prevention Method	<input type="checkbox"/> Spill Containment Basin <input type="checkbox"/> Other (specify) _____
Overfill Prevention Method	<input type="checkbox"/> Ball Float Valve in Vent <input type="checkbox"/> High Level Alarm
	<input type="checkbox"/> Drop Tube Shut-Off <input type="checkbox"/> Other (specify) _____

8. General Site Plan

The General Site Plan must be site specific and show the following:

- Buildings on property
- Approximate location of tanks and piping
- Distances from tanks and piping to property lines/building
- Location of dispensers



9. Piping

Piping Material	Brand
<input type="checkbox"/> Steel with CP	
<input type="checkbox"/> FRP	
<input type="checkbox"/> Flexible Plastic	
<input type="checkbox"/> Other _____	
Corrosion Protection for Piping	Release Detection for Piping (mark all that apply)
<input type="checkbox"/> Impressed Current Cathodic Protection	<input type="checkbox"/> Ground Water Monitoring
<input type="checkbox"/> Galvanic/Sacrificial Cathodic Protection	<input type="checkbox"/> Interstitial Monitoring
<input type="checkbox"/> None (made of non-corrodible materials)	<input type="checkbox"/> Electronic Leak Detectors
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Tightness Testing-Every 3 Yrs (Conventional Suction)
	<input type="checkbox"/> Soil Vapor Monitoring
	<input type="checkbox"/> Manual Leak Detectors
	<input type="checkbox"/> Tightness Testing – Annual (Pressurized)
	<input type="checkbox"/> None (Safe Suction)
	<input type="checkbox"/> Other (SIR)
Piping System	<input type="checkbox"/> Pressurized <input type="checkbox"/> Conventional Suction <input type="checkbox"/> Safe Suction If a pressurized system, will shear valve be rigidly anchored to dispenser island in accordance with manufacturer's installation instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Containment	<input type="checkbox"/> None <input type="checkbox"/> Double Walled <input type="checkbox"/> Excavation Liner <input type="checkbox"/> Other _____

10. General Information

Distance from tank(s) to nearest property line (feet) _____	ft
Distance from tank(s) to nearest structure (feet) _____	ft
Distance from tank(s) to nearest public water supply system (feet) _____	ft
Depth to groundwater (feet) _____	ft
Will an Electrical Permit be obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will dispensers use a card-trol or key-trol system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does building have plastic water supply lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will One-Cal procedure be followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A fee of fifty dollars (\$55) per tank or piping must be submitted with this application. Application will be approved or denied within ten (10) working days after receipt of permit application and fee. Payment must be made by check or money order. Cash will not be accepted.

All tanks must be installed in accordance with Title 159, State Fire Marshal Underground Storage Tank Rules and Regulations. No tank or piping shall be covered before inspection by State Fire Marshal personnel. Inspection requests shall be made at least **72 hours** prior to pre-installation to assure inspector availability. Inspections will be scheduled in the order requests are received.

As built drawings, all tightness test results and the proper notification form shall be on site and available for the inspector before the tanks / piping are placed into service.

Application Submitted By: _____ (print name)
 _____ (signature)

Note: Incomplete or missing information may cause this application to be rejected and returned for corrections. If you have any questions about this form, call 402-441-7791 .